

Attachment D

Worksheet for Reporting Loss or Potential Loss of Personally Identifiable Information (PII)

1. Information about the individual making the report:

Name					
Position					
State Agency/Company					
Phone Numbers					
Work		Cell		Home/Other	
Email Address					
Position Type (<i>select one</i>)					
<input type="checkbox"/>	Management Official	<input type="checkbox"/>	Security Officer	<input type="checkbox"/>	Non-Management

2. Information about the data that was lost/stolen:

Describe what was lost or stolen (*e.g., case file, MBR data*):

Which element(s) of PII did the data contain?

Name		Bank Account Information	
SSN		Medical/Health Information	
Date of Birth		Benefit Payment Information	
Place of Birth		Mother's Maiden Name	
Address			
Other (<i>describe</i>)			

Estimated volume of records involved	
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3. How was the data physically stored, packaged and/or contained?

Paper or Electronic (*circle one and continue below*):

If Electronic, what type of device?

Laptop	<input type="checkbox"/>	Tablet	<input type="checkbox"/>	Backup Tape	<input type="checkbox"/>	Blackberry	<input type="checkbox"/>
Workstation	<input type="checkbox"/>	Server	<input type="checkbox"/>	CD/DVD	<input type="checkbox"/>	Blackberry Phone #	
Hard Drive	<input type="checkbox"/>	Floppy Disk	<input type="checkbox"/>	USB Drive	<input type="checkbox"/>		
Other (<i>describe</i>)							

Additional questions, if electronic:

	Yes	No	Not Sure
a. Was the device encrypted?			
b. Was the device password protected?			
c. If a laptop or tablet, was a VPN SmartCard lost?			
Cardholder's Name			
Cardholder's SSA logon PIN			
Hardware Make/Model			
Hardware Serial #			

If Paper:

	Yes	No	Not Sure
a. Was the information in a locked briefcase?			
b. Was the information in a locked cabinet or drawer?			
c. Was the information in a locked vehicle trunk?			
d. Was the information redacted (personal information deleted or blacked out)?			
e. Other (<i>describe</i>)			

4. Information about the individual in possession of the data at the time of loss (if same individual as in #1, please indicate "Same as in #1"):

Name					
Position					
State Agency/Company					
Phone Numbers:					
Work		Cell		Home/Other	
Email Address					

If person who was in possession of the data or assigned to the data is a contractor employee:

Contractor		
State Agency Contract Identification Number (<i>if known</i>)		

5. Circumstances of the loss:

a. When was it lost/stolen?
b. Brief description of how the loss/theft occurred:
c. When was it reported to an SSA management official (<i>date and time</i>)?

6. **Have any other SSA components/individuals been contacted? If so, who?** *(include Deputy Commissioner-level, Agency-level, Regional/Associate-level component names)*

Name	SSA Component	Phone Number

7. **What reports have been filed?** (include local police, and SSA reports)

Report Filed		Yes	No	Report Number
Local Police				
Other (<i>describe</i>)				